

NOTICE

*** Important!!! Read before completing attached forms.**

Before completing *CC-3W Campbell County & Cities Occupational Tax & Business License Fee Annual Return*, the following information is required and must be accurate:

- CC-3W: Name, Address, Campbell County Account Number, Current license expiration, Tax Year End and Due Date.
- If you DO NOT HAVE a Campbell County Account Number, you must complete a Business License Application (available on the web site) and enclose it with your CC-3W filing.

If any of the aforementioned information is missing, the form will be returned. The information is required to identify and apply the funds to the correct account. Additional penalty and interest are applied if filed past the due date.

QUESTIONS ON TAX FORMS/INSTRUCTIONS, CONTACT:

Mailing address: Campbell County Fiscal Court, PO Box 72958, Newport, KY 41072-0958 • Street Address: 24 W 4th St., Newport, KY 41071

Telephone: (859) 292-3884 • TDD: (859) 261-6144 • Fax: (859) 292-3827 • <http://www.campbellcountky.org/occllc.htm>



CAMPBELL COUNTY & CITIES OCCUPATIONAL TAX & BUSINESS LICENSE FEE ANNUAL RETURN

(No Substitute Forms—See Instructions)

Form CC-3W
Rev. 0106

TAX YEAR ENDING:

DUE DATE:

Print Date _____

Print Date _____

Page 1

FEDERAL TAX ID# OR SOCIAL
SECURITY NUMBER:

ACCOUNT ID #:

Please print

Business name: _____

☐ Check if new address
and make corrections

Print _____

Print _____

Address: _____

Address: _____

City/State/Zip: _____

TAX OFFICE USE ONLY
UND ___ ALL ___ APP ___ F99 ___ OVR ___ PRF ___
RAE ___ PIN ___ TRM ___ PAY ___ AMR ___ OTH ___

IMPORTANT! SEE INSTRUCTIONS FOR MINIMUM FEES DUE.

☐ **EXTENSION REQUEST FILING INSTRUCTIONS:**
FOR SIX (6) MONTH EXTENSION, MAKE PHOTOCOPY AND PAY MINIMUM
TAXES/FEES DUE FOR EACH LOCALITY AND MINIMUM RENEWAL FEES. SEE
INSTRUCTIONS PAGE 2. SIGN PHOTOCOPY OF RETURN AND REMIT BY DUE DATE.

☐ **FINAL RETURN (Check ONLY to CLOSE ACCOUNT):**
DATE OPERATIONS CEASED OR BUSINESS SOLD: _____
WAS THERE A CHANGE OF OWNERSHIP/ENTITY? YES ___ NO ___
PRINT NAME & ADDRESS OF NEW BUSINESS OWNER/ENTITY: _____

PLEASE ALLOCATE PROPERLY. PAYMENTS CANNOT BE CREDITED TO ANOTHER LOCALITY.

___ YES ___ NO Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Campbell County or City other than an employee? IF YES, YOU ARE REQUIRED TO FILE FORM 1099-MISC WITH THIS RETURN.

COLUMN 1	Col. 2	Col. 3	Col. 4	Col. 5	FEE LIMITS		Col. 6	Col. 7	Col. 8	Col. 9
LOCALITY (Taxpayers must file to County AND to applicable cities)	TAX/FEE TYPE	SUBJECT EARNINGS	RATE	TAX AMOUNT	MINIMUM TAX	MAXIMUM TAX	TAX DUE	ESTIMATED PAYMENT	TOTAL TAX DUE	MINIMUM RENEWAL FEE
CAMPBELL COUNTY	NET		.0105		\$25.00	\$610.00				\$25.00
FORT THOMAS	NET		.0125		\$25.00	NO LIMIT				\$25.00
ALEXANDRIA	FEE					PAY FEE COL. 9				\$75.00
COLD SPRING	GROSS		TABLE		\$25.00	\$1,500.00				\$25.00
SOUTHGATE	GROSS		TABLE		\$35.00	\$5,500.00				\$35.00
HIGHLAND HEIGHTS	GROSS		.0035		\$75.00	\$10,000.00				\$75.00
MELBOURNE	FEE					PAY FEE COL. 9				\$50.00
WOODLAWN	FEE					PAY FEE COL. 9				\$50.00

RETURN MUST BE SIGNED—I hereby certify, under penalty of perjury, that the information herein and in any supporting schedules is true, correct and complete to the best of my knowledge.

LICENSEE'S SIGNATURE DATE PRINTED NAME TITLE

PREPARER'S SIGNATURE DATE PRINTED NAME

PREPARER ADDRESS PHONE NO. SOCIAL SEC. # OR FED. TAX ID.

ATTENTION: Federal ID Numbers and Social Security Numbers must be
Supplied for both Tax Preparer and Licensee.

→ TOTAL 8a.	9.
→ TOTAL (Box 8a. plus Box 9)	10.
PENALTY (5% per month or portion thereof not to exceed 25%)	11.
INTEREST (1% per month or portion thereof)	12.
→ TOTAL AMOUNT DUE	13.
CHECK NUMBER	

HAVE YOU ATTACHED ALL APPLICABLE FEDERAL FORMS, SCHEDULES AND STATEMENTS?
PLEASE WRITE LICENSE ACCOUNT ID NUMBER on CHECK or MONEY ORDER. DO NOT STAPLE TAX FORMS.

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<http://www.campbellcountkyky.org/occllc.htm>

GENERAL INSTRUCTIONS

INTRODUCTION

Campbell County Fiscal Court is the collecting and licensing agent for occupational tax and business license fees for Campbell County, Kentucky and the Cities of Alexandria, Cold Spring, Fort Thomas, Highland Heights, Melbourne, Southgate and Woodlawn. The occupational tax and business license fees are imposed for the privilege of engaging in any business, profession, occupation, or trade within Campbell County or its Cities regardless of the legal residence of the party so engaged. The rates, tax and fee type, minimum and maximum taxes, and fees differ for the County and each City (Net Profit, Gross Receipts or Flat Fee). Note city tax tables that may be applicable. Business activity conducted in Campbell County is subject to County Tax IN ADDITION to any City Tax or License Fees.

The Campbell County & Cities Occupational Tax & Business License Fee Annual Return is for taxpayers who are making sales, performing work or services, owning and operating rental real estate, or otherwise conducting a business, trade, occupation or profession in Campbell County and Cities, Kentucky to file and remit occupational taxes and business license fees.

Use Schedules N (Net Profit Method) and G (Gross Receipts), as applicable, to calculate subject earnings for each locality and Campbell County (complete one Schedule for each locality as needed). The schedule accommodates the filing needs of individuals, sole proprietorships, partnerships, and corporations. There is no minimum income amount which should be earned before you are liable for filing a tax return.

QUESTIONS ON TAX FORMS/INSTRUCTIONS, CONTACT: Campbell County Fiscal Court, PO Box 72958, Newport, KY 41072-0958
Telephone: (859) 292-3884 • TDD: (859) 261-6144 • Fax: (859) 292-3827 • <http://www.campbellcountyky.org/occllc.htm>

Where to File: Mail Returns with Payments to: Campbell County Occupational Tax Processing, P.O. Box 714751, Columbus, OH 43271-4751 (Bank Lockbox) along with your check or money order made payable to Campbell County Fiscal Court. Mail Returns without Payments to: Campbell County Occupational Tax Office, P.O. Box 72958, Newport, Kentucky 41072-0958, or hand deliver to 24 W 4th Street, Newport, Kentucky 41071.

Who Must File Form CC-3:

Corporations, partnerships, sole proprietorships, estates and trusts, or other businesses engaged in an occupation, trade, or profession with a business nexus in Campbell County, Kentucky.

A Tax Form Must Be Filed Even If:

- The business activity resulted in a loss for the tax year. Complete the tax form according to the instructions provided.
- You were not actively engaged in business during the tax year but do intend to resume operations at a future date. Print the statement "**NO ACTIVITY**," sign, and return the form to the Campbell County Occupational Tax Office.
- Your business activity ceased prior to the beginning of the tax year but you have not provided written notification that operations ceased. Print the statement "**NO ACTIVITY**" on one of the locality lines and CHECK "**FINAL RETURN**," enter the date activity ceased, sign, and return the form to the Campbell County Occupational Tax Office.
- Your business was operational for a portion of the tax year but ceased operation prior to the completion of the fiscal period. Complete the tax form according to the instructions provided. Check the box designated "**FINAL RETURN**," enter the date activity ceased, sign, and return the form to the Campbell County Occupational Tax Office.
- You applied for a tax account with the intention of starting a business but never transacted business within Campbell County, Kentucky and do not intend to do so in the future. Print the statement "**NO ACTIVITY**," check the box "**FINAL RETURN**," sign, and return the form to the Campbell County Occupational Tax Office.

When to File: Form CC-3 must be delivered or postmarked by the 15th day of the 4th month after the end of the fiscal year.

Signature: If the return is being filed by a corporation, it must be signed and dated by a corporate officer authorized to sign. If the return is being filed by a partnership, it must be signed by a general partner. If the return is being filed by a sole proprietor, it must be signed by that individual. Additionally, the licensee who signs the return must print his/her name in the area provided.

Extensions: If an extension of time for filing is required, a separate extension request to the Campbell County Occupational Tax Office is mandatory in all cases. You must file a copy of Form CC-3 using the instructions on the Form to request an automatic 6-month extension to file Form CC-3. All extension requests should include your Campbell County Occupational Tax account number. Any tax due must be paid with the extension request and the request must be postmarked or hand-delivered to the Campbell County Occupational Tax Office on or before the original due date.

If an extension of time for the filing of a return has been granted, any balance of the license fee unpaid by the regular due date bears interest at the rate of twelve percent (12%) per annum. In addition, a late payment penalty of five percent (5%) per month, or fraction of a month, to a maximum of twenty-five percent (25%) is assessed against any license fee balance unpaid by the regular due date, unless estimated tax payments of at least 90% of the current year's total liability, as finally determined, has been submitted by the original due date of the return.

Failure to File Penalty: There is a five percent (5%) penalty per month or a fraction of a month to a maximum of twenty-five percent (25%) for failure to file a tax return by the regular or extended date.

Failure to Pay Penalty: There is a five percent (5%) penalty per month or a fraction of a month to a maximum of twenty-five percent (25%) for failure to pay or late payment of the occupational tax if no extension was granted. If an extension was granted, see the instructions under "*Extensions*" for further explanation.

Interest: Interest is computed at twelve percent (12%) per annum from the original due date until the date of payment.

Two (2) Year Statute of Limitations for Refunds: Refund requests must be submitted within two (2) years from the date the overpayment was made.

Accounting Methods:

CONSOLIDATED RETURNS - Are not permitted in filing this return. If a corporation that is subject to the occupational tax is included in a consolidated return, that corporation shall submit the following:

1. Form CC-3 based upon the taxable income (or loss) of the corporation subject to the occupational license tax, not the consolidated taxable income.
2. A copy of the consolidated Form 1120 or its equivalent.
3. A computation sheet allocating all revenue and expense items on the consolidated Federal return to each corporation included in that consolidated return.

SEPARATE ACCOUNTING METHOD - Is NOT permitted in the filing of this return. Therefore, if any entity has operations both within and outside Campbell County, Kentucky then the total profit or loss or total gross receipts per the Federal return of the entity should be reported on this return. Business entities with operations both within and outside Campbell County shall complete the Net Profit and Gross Receipts Business Allocation as applicable.

GENERAL INSTRUCTIONS (Continued)

State and Local Exemptions:

The following persons are exempt under Kentucky law from the occupational license fee and are not required to file a return:

1. Public Service Corporations which pay an ad valorem tax on property valued and assessed by the Kentucky Department of Revenue pursuant to the provisions of KRS 136.120. Licensees whose businesses are predominantly non-public service who are also engaged in public service activity are required to pay a license tax on their net profit and/or gross receipts derived from the non-public service activities apportioned to the County and City where applicable. (**NOTE:** Effective January 1, 1984, regular and irregular route common carrier trucking companies, bus line companies, and taxicab companies which had previously been classified as Public Service Corporations were expressly deleted from the class of such corporations and are therefore required to pay an occupational license fee).
2. Persons whose sole business activity is the manufacture of and/or sale of alcoholic beverages. Persons engaged in the business of manufacturing and/or selling alcoholic beverages are required to file a return, but may exclude the portion of their net profits and/or gross receipts derived from such manufacture and/or sale of alcoholic beverages. (See instructions in Schedule NX and GX for more detailed information).
3. Insurance companies incorporating under the laws of and doing business in the State of Kentucky except as provided for under KRS 91A.080.
4. Banks, trust companies, combined bank and trust companies, combined trust, banking and title businesses, savings and loan associations (whether state or federally chartered).
5. Persons or business entities that operate a two-dwelling unit rental property, where the owner occupies one dwelling unit and rents the other dwelling unit that is a part thereof.

Special Provisions of Local Laws: The following entities are exempt under Campbell County and Cities, Kentucky ordinances from the occupational license fee and are not required to file a return: funds, foundations, corporations, or associations organized and operated for the exclusive and sole purpose of religious, charitable, scientific, literary, educational, civic or fraternal purposes, where no part of the earnings, incomes or receipts of such unit, group, or association, inures to the benefit of any private shareholder or other person.

FORM CC-3: SPECIFIC INSTRUCTIONS: READ THE INSTRUCTIONS BELOW AND ON FOLLOWING PAGES FOR THE ITEMS THAT APPLY TO YOUR OPERATION BEFORE COMPLETING FORM CC-3.

COLUMN 1: LOCALITY. Lists Cities and Campbell County. Subject earnings are reportable for any locality in which taxpayers are making sales, performing work or services, owning and operating rental real estate, or otherwise conducting a business, trade, occupation or profession in Campbell County and Cities, Kentucky. NOTE taxpayers conducting business in any City also must file for Campbell County and pay occupational tax.

COLUMN 2: FEE TYPE. Determine the Tax/Fee Type for the applicable locality(ies). Net Profit (SCHEDULE N), Gross Receipts (SCHEDULE G) or Fee (a flat annual fee paid in COLUMN 9).

COLUMN 3: SUBJECT EARNINGS: Enter the Subject Earnings calculated on SCHEDULE N and/or SCHEDULE G as applicable on the appropriate line for Campbell County and any applicable City. If there was no business activity conducted in a locality, enter "NO ACTIVITY."

COLUMN 4: RATE: The respective tax rate for the Locality. Note City Tax Tables as applicable.

COLUMN 5: TAX AMOUNT. Multiply the amount in Column 3, "Subject Earnings," by the tax rate in Column 4 and enter in Column 5 (amount may not be less than zero). There should be an entry for the Campbell County line and for any applicable city(ies) lines. City Tax Tables may apply.

COLUMN 6: TAX DUE. Compare amount reported in Column 5 to the TAX LIMITS. All localities have a minimum tax or a flat fee.

COLUMN 7: ESTIMATED PAYMENT: Enter amount of any prepayments made for minimum tax paid for prior year, extension requests, overpayments, or estimated payments. Taxpayers who paid the Minimum Renewal for Campbell County and/or City on their prior year tax return may take a credit for the minimum paid. The credit is taken in Column 7.

BOX 8A: TOTAL TAX DUE: Subtract the amount in Column 7 from the amount in Column 6 and enter result in Column 8 and total for all localities in Box 8A.

BOX 9: MINIMUM RENEWAL: Circle Campbell County renewal amount and all applicable Cities amounts and add total in Box 9.

BOX 10: TOTAL. Add the amount in Box 8A and Box 9. Remit this amount by Due Date.

BOX 11: PENALTY. Multiply the number of months, or portions thereof, beyond the Due Date by 5% (not to exceed 25%, Minimum penalty is \$25.00). Multiply that total by the Total Amount of BOX 10 and enter the result in BOX 11 as Penalty.

BOX 12: INTEREST. Interest is computed at one percent (1%) per month or portion thereof that the Occupational Tax is paid after the Due Date. Multiply the number of months by 1%. Multiply that total percent by the Total Amount of BOX 10 and enter the result in BOX 12 as Interest.

BOX 13: TOTAL AMOUNT DUE. Add together BOX 10, BOX 11 and BOX 12. Make check payable to "Campbell County Fiscal Court."

SCHEDULE NY: NET PROFIT BUSINESS ALLOCATION--READ THE INSTRUCTIONS BELOW FOR THE ITEMS THAT APPLY TO YOUR OPERATION BEFORE COMPLETING SCHEDULE N.

Line 1(a): "Gross Receipts City/Campbell Co." - Enter total gross receipts from sales made or services performed in Campbell County or applicable City. MAKE COPIES AS NEEDED FOR EACH LOCALITY WHERE REPORTING NET PROFIT.

Line 1(b): "Gross Receipts - Total Operations Everywhere" - Enter total gross receipts (less returns and allowances) from sales made or services performed everywhere for your total operation per the Federal return.

Line 1(c): "City/Campbell Co. Gross Receipts Percentage" - Divide the entry in Column A of Line 1, by the entry in Column B of Line 1. Enter the resulting percentage in Column C, Line 1.

Line 2(a): "Gross Wages - City/Campbell Co." - Enter total gross wages paid to employees for work within Campbell County or applicable City.

Line 2(b): "Gross Wages - Total Operations Everywhere" - Enter total gross wages paid to employees everywhere per the Federal return. **NOTE:** Entries on Lines 2(a.) and 2(b.) should include compensation of officers. Do not include contract or sub-contract labor.

Line 2(c): "City/Campbell Co. Gross Wage Percentage" - Divide Line 2, Column A by Line 2, Column B and enter the result.

Line 3: "Total Percentages for City/Campbell Co." - Add Line 1, Column C to Line 2, Column C and enter the result.

Line 4: "Average Percentage" - If both Lines 1 and 2 of Column B, are greater than zero, divide the entry on Line 3 by 2, and enter the result on Line 4, and Line 21 of SCHEDULE N. However, if the business had either: (a) receipts greater than zero (Line 1, Column B), or (b) wages greater than zero, (Line 2, Column B), but not both, the entry in Line 3 should be entered on Line 4 and on Line 21 of SCHEDULE N.

SCHEDULE NX: NET PROFIT ALCOHOLIC BEVERAGE SALES--READ THE INSTRUCTIONS BELOW FOR THE ITEMS THAT APPLY TO YOUR OPERATION BEFORE COMPLETING SCHEDULE N.

Kentucky alcoholic beverage sales divided by total sales equals the alcoholic beverage percentage. **NOTE:** A deduction may be taken only if the business engaged in the selling of alcoholic beverages had a profit.

- Individuals - NET PROFIT ONLY: Multiply the alcoholic beverage percentage by the net profit of the business engaged in the sale of alcoholic beverages as reported on Line 3, SCHEDULE N.
- Partnerships - NET PROFIT ONLY: Multiply the alcoholic beverage percentage by Line 13, minus the sum of Lines 14, 16, 17, and 18, SCHEDULE N.
- Corporations - NET PROFIT ONLY: Multiply the alcoholic beverage percentage by Line 13, minus the sum of Lines 14, 16, 17, and 18, SCHEDULE N.

SCHEDULE N: NET PROFIT METHOD

COMPLETE ONLY ONE COLUMN, AS APPLICABLE—MAKE COPIES AS NEEDED FOR EACH LOCALITY

1. FOR CITY/COUNTY: _____

ACCOUNT #: _____

	INDIVIDUAL	PARTNERSHIP	CORPORATION
2. Non-employee compensation as reported on Form 1099-Misc reported as "other income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099)	2.)		
3. Net profit or (loss) per Federal Schedule C of Form 1040 (Attach Schedule C, Pages 1 and 2, Schedule C-EZ)	3.)		
4. Capital gain from Federal Form 4797 or Form 6252 (Attach Form 4797, Pages 1 and 2 or Form 6252)	4.)		
5. Rental income or (loss) per Federal Schedule E of Form 1040 (Attach Schedule E)	5.)		
6. Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F, pages 1 and 2)	6.)		
7. Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 (Attach Form 4797, Pages 1 and 2)	7.)		
8. Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2 and 3, Schedule of Other Deductions, and Rental Schedule(s), if applicable.)		8.)	
9. Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 and 2 or 1120S, Pages 1, 2 and 3, Schedule of other Deductions, and Rental Schedule(s), if applicable.)			9.)
10. State Income Taxes and Occupational License Fees deducted on the Federal Schedule C, E, F or Form 1065, 1120, 1120A or 1120S	10.)	10.)	10.)
11. Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)		11.)	11.)
12. Net Operating Loss deducted on Form 1120			12.)
13. Total Income - Add Lines 2 through Line 12	13.)	13.)	13.)
14. Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)		14.)	14.)
15. Alcoholic Beverage Sales Deduction (FROM SCHEDULE NX LINE 3 BELOW)	15.)	15.)	15.)
16. Other Adjustments (Attach Schedule)	16.)	16.)	16.)
17. Non-Taxable Income (Attach Schedule)		17.)	17.)
18. Professional Expenses not reimbursed by the Partnership (Attach Schedule of Expenses)		18.)	
19. Total Deductions - Add Lines 14 through Line 18	19.)	19.)	19.)
20. Adjusted Net Profit - Subtract Line 19 from Line 13	20.)	20.)	20.)
21. Allocation percentage from SCHEDULE NY LINE 4 BELOW, IF APPLICABLE	21.)	21.)	21.)
22. SUBJECT EARNINGS (MULTIPLY LINE 21 BY LINE 20) ENTER RESULT HERE AND ON PAGE 1, COLUMN 3 FOR THIS LOCALITY	22.)	22.)	22.)

SCHEDULE NY: NET PROFIT BUSINESS ALLOCATION

All licensees who conducted business operations in Campbell County/City, Kentucky must complete this part, regardless of profit or loss.

DIVIDE: (A ÷ B = C)
NOTE: All Percentages in Column C should be carried out four (4) decimal places.

APPORTIONMENT FACTORS	COLUMN A LOCATED CITY/CAMPBELL CO.	COLUMN B TOTAL OPERATIONS EVERYWHERE	COLUMN C CITY/CAMPBELL CO. %
1. Gross receipts from sales made and/or services rendered	(1a.) \$	(1b.) \$	(1c.) %
2. Gross wages, salaries , and other compensation paid to all employees. (See Instructions before completing)	(2a.) \$	(2b.) \$	(2c.) %
3. Total Percentage For City/Campbell County, KY (Add the percentages computed on Lines 1c. & 2c.)			(3.) %
4. Average Percentage - If both entries on Lines 1b. and 2b. are greater than zero, then divide entry on Line 3 by 2 and enter here and on Line 21 in SCHEDULE N above. If either Line 1b. or Line 2b. is NOT greater than zero, enter the amount from Line 3 here and on Line 21 in SCHEDULE N above.			(4.) %

SCHEDULE NX: NET PROFIT ALCOHOLIC BEVERAGE SALES

1. Divide: <u>Kentucky Alcoholic Beverage Sales</u> = Total Sales	(25.) %
NOTE: "Total Sales" is total gross receipts of business including non-alcoholic beverage sales	
2. Enter net profit amount (see instructions for Schedule NX)	(26.) \$
3. ALCOHOLIC BEVERAGE SALES DEDUCTION (Multiply Line 1 X Line 2) and enter on Schedule N, Line 15	(27.) \$

SCHEDULE N: SPECIFIC INSTRUCTIONS NET PROFIT--READ THE INSTRUCTIONS BELOW FOR THE ITEMS THAT APPLY TO YOUR OPERATION BEFORE COMPLETING FORM CC-3.

Use Schedule N to calculate subject earnings for each City and Campbell County (complete one Schedule for each locality as needed). Attach to CC-3 Form along with applicable Federal Forms and Schedules. The forms are designed to accommodate the filing needs of individuals, sole proprietors, partnerships, and corporations. You should complete only those items that apply to your operation:

- 1099 MISC - Individuals receiving payments for contract services (non-employee compensation) who are not claiming business expenses. (Complete SCHEDULE N Lines 2, 13, 20, 21, 22 under column **"INDIVIDUAL"** as applicable, SCHEDULE NY and complete CC-3.)
- Schedule C, E, or F - Individuals receiving income from the operation of a trade, business or profession. (Complete SCHEDULE N Lines 3 through 22 under the column marked **"INDIVIDUAL"** as applicable, SCHEDULE NY, SCHEDULE NX if applicable, and complete CC-3.)
- Form 1065 – Partnerships (Complete SCHEDULE N Lines 8 through 22 under the column marked **"PARTNERSHIP"** as applicable, SCHEDULE NY, SCHEDULE NX if applicable, and complete CC-3.)
- Form 1120, 1120A, 1120S - Corporations (Complete Lines 9 through 22 under the column marked **"CORPORATION"** as applicable, SCHEDULE NY, SCHEDULE NX if applicable, and complete CC-3.)

Line 1: Enter the name of the City or County in which the person or business entity made sales, performed work or services, owned and operated rental real estate, or otherwise conducted a business, trade, occupation or profession.

Line 2: Enter the amount of non-employee compensation reported on Federal Form 1099 MISC or the amount of other income per Form 1040.

(NOTE: Line 2 should be completed only by individuals who received payments for contract services who are not claiming business expenses. Attach a copy of page 1 of Form 1040 and Form 1099 MISC). If you had no other type of income to report (i.e. you did not own or operate a business during the year), read the instructions for Lines 13, 20, 21, 22 and SCHEDULE NY and complete CC-3.

Line 3: Enter the net profit or loss as shown on Federal Schedule C. (Attach a copy of page 1 and 2 of Schedule C, or the Schedule C-EZ.)

Line 4: Enter 100% of the short term capital gains and long term capital gains carried over from Federal Form 4797 or Federal Form 6252 (installment sales) to Federal Schedule D representing gain from the sale of property used in your trade or business. (Attach a copy of Form 4797, pages 1 and 2, Form 6252.)

Line 5: Enter the total rental income or loss per Federal Schedule E. (Attach a copy of Federal Schedule E of Form 1040.)

Line 6: Enter the net farm profit or loss per Federal Schedule F. (Attach a copy of Federal Schedule F.)

Line 7: Enter the net gain or loss from the sale of property used in your trade or business per Federal Form 4797. (Attach a copy of Form 4797, pages 1 and 2.)

Line 8: Enter the Ordinary Income or Loss per Federal Form 1065. (Attach a copy of Federal Form 1065, Pages 1, 2 and 3, Schedule of Other Deductions, and Form 8825 Rental Schedule(s) if applicable, or its equivalent.)

Line 9: Enter the Taxable Income or Loss after special deductions and net operating loss per Federal Form 1120, 1120A, or the Ordinary Income or Loss per Federal Form 1120S. (Attach a copy of Federal Form 1120 or 1120A, Pages 1 and 2, or 1120S, Pages 1, 2 and 3, Schedule of Other Deductions, and Rental Schedule(s) if applicable, or its equivalent.)

Line 10: Enter any deduction taken for occupational taxes by an individual on Schedule C, E, or F, by a partnership on Form 1065, or by a corporation on Form 1120, 1120A, or 1120S, or for state taxes based on income on Form 1120.

Line 11: Enter the total of the income items listed below which are allocated to the partners or shareholders and are not included as income on Federal Form 1065 or 1120S. (Attach a copy of Schedule K, or its equivalent, and Rental Schedules, if applicable.)

- | | |
|---|---|
| • Net income from rental real-estate activities | • Net short-term capital gain |
| • Net income from other rental activities | • Net long-term capital gain |
| • Portfolio income | • Other portfolio income |
| • Interest income | • Guaranteed payments to partners |
| • Dividend income | • Net gain under Section 1231 (other than due to casualty or theft) |
| • Royalty income | |

Line 12: Enter the amount of any net operating loss, if taken as a deduction on Federal Form 1120. (This amount is to be added to taxable income.)

Line 13: Enter the total of Lines 2 through 12, as applicable.

Line 14: Enter the total of the items listed below that are allocated to the partners or shareholders which are not included as losses or expenses on Federal Form 1065 or Form 1120S, as they are allowed as deductions for occupational tax purposes. (Attach a copy of Schedule K or its equivalent and Rental Schedules, if applicable.)

- | | |
|---|---|
| • Net loss from rental real-estate activities | • Net loss under Section 1231 (other than due to casualty or theft) |
| • Net loss from other rental activities | • Charitable Contributions |
| • Portfolio loss | • Expense deductions for recovery property (Section 179) |
| • Net short-term capital loss | • Deductions related to portfolio income |
| • Net long-term capital loss | |

NOTE: Contributions to KEOGH Plans, Simplified Employee Pension Plans, and Medical Insurance Premiums on behalf of partners or shareholders are not deductible on Form CC-3.

Line 15: Enter the total from Line 3 of SCHEDULE NX, NET ALCOHOLIC BEVERAGE SALES, if applicable. (SEE INSTRUCTIONS FOR SCHEDULE NX.)

Line 16: Adjustments can be made on Form CC-3 if any sum is elected by the licensee as a credit against its federal income tax liability in lieu of a deduction for business expenses otherwise available to the licensee. Included in this list are the following: (1) If wage and salary expense is being reduced as a result of the new jobs or win credit, (2) If the depreciable basis of an asset was reduced by the amount of investment credit claimed, ACRS depreciation may be taken on that basis reduced over the life of the asset.

Line 17: Corporate taxpayers may deduct, if substantiation is provided by including a completed copy of Schedule C of the Federal Form 1120, the following amounts (net of the deductions properly allocated thereto) without proof of non-unitary source:

- | | |
|---|--------------------------|
| • Foreign dividend income | • Foreign royalty income |
| • Foreign rental income | • Foreign capital gains |
| • Interest earned on U.S. Obligations | |
| • Ordinary income or loss from other partnerships or S corporations which is included in income on Line 8 or Line 9 of Form CC-3. | |
- (Please note the occupational number of the account the income is being reported under.)

Line 18: Enter the amount of professional expenses claimed by the partners on their individual Form 1040 which are related to, but not reimbursed by, the partnership. (Include a schedule listing partners name(s), the type of deduction, and the amount of each deduction.)

Line 19: Enter the total of Lines 14 through 18, as applicable.

Line 20: Subtract Line 19 from Line 13. This entry represents your "Adjusted Net Profit."

Line 21: ALLOCATION PERCENTAGE. Enter the Average Percentage from Schedule NY, Line 4. See Schedule NY Instructions.

Line 22: SUBJECT EARNINGS. Multiply Line 20 by the Allocation Percentage in Line 21 and enter result in Line 22 and on CC-3 Page 1 Column 3 Subject Earnings for the applicable Locality.

SCHEDULE G: GROSS RECEIPTS METHOD
COMPLETE ONLY ONE COLUMN, AS APPLICABLE—MAKE COPIES AS NEEDED FOR EACH LOCALITY

1. FOR CITY/COUNTY: _____

ACCOUNT #: _____

	INDIVIDUAL	PARTNERSHIP	CORPORATION
2. Non-employee compensation as reported on Form 1099-Misc reported as "other income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099)	2.)		
3. Gross Receipts or Sales per Federal Schedule C of Form 1040 (Attach Schedule C, Pages 1 and 2, Schedule C-EZ)	3.)		
4. Gross receipts per Federal Schedule E of Form 1040 (Attach Schedule E)	4.)		
5. Gross income per Federal Schedule F of Form 1040 (Attach Schedule F, pages 1 and 2)	5.)		
6. Gross receipts or sales per Federal Form 1065 (Attach Form 1065, Pages 1, 2 and 3, Schedule of Other Deductions, and Rental Schedule(s), if applicable.)	6.)		
7. Gross Receipts from Rental Real Estate of a Partnership or S Corporation (Attach Federal Form 8825)	7.)		
8. Gross receipts or sales per Federal Form 1120 or 1120A or Gross receipts or sales per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 and 2 or 1120S, Pages 1, 2 and 3, Schedule of other Deductions, and Rental Schedule(s), if applicable.)			8.)
9. Gross Receipts from Rental Real Estate of a Partnership or S Corporation (Attach Federal Form 8825)			9.)
10. Total Gross Receipts - Add Lines 2 through Line 9	10.)	10.)	10.)
11. Alcoholic Beverage Sales Deduction (FROM SCHEDULE GX LINE 3 BELOW)	11.)	11.)	11.)
12. Excise Tax (Sales Tax)	12.)	12.)	12.)
13. Returned Goods and Allowances	13.)	13.)	13.)
14. Total Deductions - Add Lines 11 through Line 13	14.)	14.)	14.)
15. Adjusted Gross Receipts - Subtract Line 14 from Line 10	15.)	15.)	15.)
16. Allocation percentage from SCHEDULE GY LINE 4 BELOW, IF APPLICABLE	16.)	16.)	16.)
17. SUBJECT EARNINGS (MULTIPLY LINE 16 BY LINE 17) ENTER RESULT HERE AND ON PAGE 1, COLUMN 3 FOR THIS LOCALITY	17.)	17.)	17.)

SCHEDULE GY: GROSS RECEIPTS BUSINESS ALLOCATION

All licensees who conducted business operations in Campbell County/City, Kentucky must complete this part, regardless of profit or loss.

DIVIDE: (A ÷ B = C)
NOTE: All Percentages in Column C should be carried out four (4) decimal places.

APPORTIONMENT FACTORS	COLUMN A LOCATED CITY/COUNTY ABOVE	COLUMN B TOTAL OPERATIONS EVERYWHERE	COLUMN C CAMPBELL CO./CITY %
1. Gross receipts from sales made and/or services rendered	(1a.) \$	(1b.) \$	(1c.) %
2. Gross wages, salaries, and other compensation paid to all employees. (See Instructions before completing)	(2a.) \$	(2b.) \$	(2c.) %
3. Total Percentage For City/Campbell County, KY (Add the percentages computed on Lines 1c. & 2c.)			(3.) %
4. Average Percentage - If both entries on Lines 1b. and 2b. are greater than zero, then divide entry on Line 3, Column C, by 2 and enter here and on Line 16 in SCHEDULE G above. If either Line 1b. or Line 2b. is NOT greater than zero, enter the amount from Line 3 here and on Line 16 in SCHEDULE G.			(4.) %

SCHEDULE GX: GROSS RECEIPTS ALCOHOLIC BEVERAGE SALES

1. Kentucky Alcoholic Beverage Sales enter here and on Schedule G Line 11 (ALCOHOLIC BEVERAGE SALES DEDUCTION)	(1.) \$
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SCHEDULE GY: GROSS RECEIPTS BUSINESS ALLOCATION--READ THE INSTRUCTIONS BELOW FOR THE ITEMS THAT APPLY TO YOUR OPERATION BEFORE COMPLETING SCHEDULE G.

Line 1(a): "Gross Receipts City/Campbell Co." - Enter total gross receipts from sales made or services performed in Campbell County or applicable City. **MAKE COPIES AS NEEDED FOR EACH LOCALITY WHERE REPORTING GROSS RECEIPTS.**

Line 1(b): "Gross Receipts - Total Operations Everywhere" - Enter total gross receipts (less returns and allowances) from sales made or services performed everywhere for your total operation per the Federal return.

Line 1(c): "City/Campbell Co. Gross Receipts Percentage" - Divide the entry in Column A of Line 1, by the entry in Column B of Line 1. Enter the resulting percentage on Column C, Line 1.

Line 2(a): "Gross Wages - City/Campbell Co." - Enter total gross wages paid to employees for work performed within Campbell County or applicable City.

Line 2(b): "Gross Wages - Total Operations Everywhere" - Enter total gross wages paid to employees everywhere per the Federal return.

NOTE: Entries on Lines 2(a.) and 2(b.) should include compensation of officers. Do not include contract or sub-contract labor.

SCHEDULE GY: GROSS RECEIPTS BUSINESS ALLOCATION—INSTRUCTIONS—CONTINUED

Line 2(c): “City/Campbell Co. Gross Wage Percentage” – Divide Line 2, Column A by Line 2, Column B and enter the result.

Line 3: “Total Percentages for City/Campbell Co”- Add Line 1, Column C to Line 2, Column C and enter the result.

Line 4: “Average Percentage” - If both Lines 1 and 2 of Column B, are greater than zero, divide the entry on Line 3 by 2, and enter the result on Line 4, and Line 16 of SCHEDULE G. However, if the business had either: (a) receipts greater than zero (Line 1, Column B), or (b) wages greater than zero, (Line 2, Column B), but not both, the entry in Line 3 should be entered on Line 16 of SCHEDULE G.

SCHEDULE GX: GROSS RECEIPTS ALCOHOLIC BEVERAGE SALES--READ THE INSTRUCTIONS BELOW FOR THE ITEMS THAT APPLY TO YOUR OPERATION BEFORE COMPLETING SCHEDULE G.

Follow the instructions on the form below for the alcoholic beverage deduction. **NOTE:** A deduction may be taken only if the business engaged in the selling of alcoholic beverages had a profit.

SCHEDULE G: SPECIFIC INSTRUCTIONS GROSS RECEIPTS--READ THE INSTRUCTIONS BELOW FOR THE ITEMS THAT APPLY TO YOUR OPERATION BEFORE COMPLETING FORM CC-3.

Use Schedule G to calculate subject earnings for each City and Campbell County (complete one Schedule for each locality as needed). Attach to CC-3 Form along with applicable Federal Forms and Schedules. The forms are designed to accommodate the filing needs of individuals, sole proprietors, partnerships, and corporations. You should complete only those items that apply to your operation:

- 1099 MISC - Individuals receiving payments for contract services (non-employee compensation) who are not claiming business expenses. (Complete SCHEDULE G Lines 2 through 17 under column marked “**INDIVIDUAL**” as applicable, SCHEDULE GY and complete CC-3.)
- Schedule C, E, or F - Individuals receiving income from the operation of a trade, business or profession. (Complete SCHEDULE G Lines 2 through 17 under the column marked “**INDIVIDUAL**” as applicable, SCHEDULE GY, SCHEDULE GX if applicable, and complete CC-3.)
- Form 1065 – Partnerships (Complete SCHEDULE G Lines 6 through 17 under the column marked “**PARTNERSHIP**” as applicable, SCHEDULE GY, SCHEDULE GX if applicable, and complete CC-3.)
- Form 1120, 1120A, 1120S - Corporations (Complete Lines 8 through 17 under the column marked “**CORPORATION**” as applicable, SCHEDULE GY, SCHEDULE GX if applicable, and complete CC-3.)

Line 1: Enter the name of the City or County in which the person or business entity made sales, performed work or services, owned and operated rental real estate, or otherwise conducted a business, trade, occupation or profession.

Line 2: Enter the amount of non-employee compensation reported on Federal Form 1099 MISC or the amount of other income per Form 1040.

(NOTE: Line 2 should be completed only by individuals who received payments for contract services who are not claiming business expenses. Attach a copy of page 1 of Form 1040 and Form 1099 MISC). If you had no other type of income to report (i.e. you did not own or operate a business during the year), read the instructions for Lines 10, 15, 16, 17 and SCHEDULE GY and complete CC-3.

Line 3: Enter gross receipts or sales as shown on Federal Schedule C. (**Attach** a copy of page 1 and 2 of Schedule C, or the Schedule C-EZ.)

Line 4: Enter the total rental and royalties income per Federal Schedule E. (**Attach** a copy of Federal Schedule E of Form 1040.)

Line 5: Enter gross receipts per Federal Schedule F. (**Attach** a copy of Federal Schedule F.)

Line 6: Enter gross receipts or sales per Federal Form 1065. (**Attach** a copy of Federal Form 1065, Pages 1, 2 and 3, Schedule of Other Deductions, and Rental Schedule(s) if applicable, or its equivalent.)

Line 7: Enter gross rents from Rental Real Estate of a Partnership or S Corporation (Attach Federal Form 8825.)

Line 8: Enter gross receipts or sales per Federal Form 1120, 1120A. (**Attach** a copy of Federal Form 1120 or 1120A, Pages 1 and 2, or 1120S, Pages 1, 2 and 3, Schedule of Other Deductions, and Rental Schedule(s) if applicable, or its equivalent.)

Line 9: Enter gross rents from Rental Real Estate of a Partnership or S Corporation (Attach Federal Form 8825.)

Line 10: Enter Total Gross Receipts – Add lines 2 through line 10, as applicable.

Line 11: Enter the total from Line 1 of SCHEDULE GX, ALCOHOLIC BEVERAGE SALES DEDUCTION, if applicable. (SEE INSTRUCTIONS FOR SCHEDULE GX.)

Line 12: Enter Excise or Sales Tax paid.

Line 13: Enter Returned Goods and Allowances.

Line 14: Total Deductions – Add lines 11 to 13.

Line 15: Adjusted Gross Receipts – Subtract Line 14 from Line 10.

Line 16: Enter the Average Percentage from SCHEDULE GY, Line 4. See SCHEDULE GY Instructions.

Line 17: SUBJECT EARNINGS. Multiply Line 15 by the Average Percentage in Line 16 and enter result in Line 17 and on CC-3 Page 1 Column 3 Subject Earnings for the applicable Locality.

CITY TAX TABLES

FIGURE 1. CITY OF COLD SPRING BUSINESS TAX SCHEDULE			
Total Gross Receipts		License Tax	
\$0.00	to	\$9,999.99	\$25.00
\$10,000.00	to	\$24,999.99	\$50.00
\$25,000.00	to	\$99,999.99	\$100.00
\$100,000.00	to	\$199,999.99	\$150.00
\$200,000.00	to	\$299,999.99	\$200.00
\$300,000.00	to	\$399,999.99	\$250.00
\$400,000.00	to	\$499,999.99	\$300.00
\$500,000.00	to	\$699,999.99	\$350.00
\$700,000.00	to	\$999,999.99	\$500.00
\$1,000,000.00	to	\$2,999,999.99	\$750.00
\$3,000,000.00	to	\$4,999,999.99	\$1,000.00
\$5,000,000.00	to	and over	\$1,500.00

FIGURE 2. CITY OF SOUTHGATE BUSINESS TAX SCHEDULE			
Total Gross Receipts		License Tax	
\$0.00	to	\$10,000.00	\$35.00
\$10,001.00	to	\$50,000.00	\$50.00
\$50,001.00	to	\$100,000.00	\$75.00
\$100,001.00	to	\$150,000.00	\$125.00
\$150,001.00	to	\$200,000.00	\$175.00
\$200,001.00	to	\$300,000.00	\$250.00
\$300,001.00	to	\$400,000.00	\$350.00
\$400,001.00	to	\$500,000.00	\$450.00
\$500,001.00	to	\$1,000,000.00	\$750.00
\$1,000,001.00	to	\$1,500,000.00	\$1,250.00
\$1,500,001.00	to	\$2,000,000.00	\$1,750.00
\$2,000,001.00	to	\$4,000,000.00	\$2,500.00
\$4,000,001.00	to	\$6,000,000.00	\$3,250.00
\$6,000,001.00	to	\$8,000,000.00	\$4,000.00
\$8,000,001.00	to	\$10,000,000.00	\$4,750.00
\$10,000,001.00	to	and over	\$5,500.00

GO TO PAGE 8 FOR MAILING LABELS

<i>Business License & Occupational Tax Year Table</i>		
Tax Year End	Annual CC-3 Return Due	License Renewal Year
January 31	May 15	May 16 to May 15
February 28	June 15	June 16 to June 15
March 31	July 15	July 16 to July 15
April 30	August 15	August 16 to August 15
May 31	September 15	September 16 to September 15
June 30	October 15	October 16 to October 15
July 31	November 15	November 16 to November 15
August 31	December 15	December 16 to December 15
September 30	January 15	January 16 to January 15
October 31	February 15	February 16 to February 15
November 30	March 15	March 16 to March 15
December 31	April 15	April 16 to April 15

Use the preprinted label provided below to mail the CC3 Annual Return.

RETURNS WITH PAYMENT

CAMPBELL COUNTY OCCUPATIONAL TAX
TAX PROCESSING CENTER
P O BOX 714751
COLUMBUS, OH 43271-4751

RETURNS WITHOUT PAYMENT

CAMPBELL COUNTY FISCAL COURT
OCCUPATIONAL LICENSE DEPT
P O BOX 72958
NEWPORT, KY 41072-0958

Additional forms are available on our website : <http://www.campbellcountky.org/occllc.htm>